

## Town of North Hempstead

### Department of Building Safety Inspection and Enforcement

210 Plandome Road, Manhasset, NY 11030-2327 Tel. (516) 869-7660 Fax. (516) 869-7662

## **PLUMBING PERMIT REQUIREMENTS AND CHECKLIST**

(pursuant to Chapter 2 of the Town Code)

ALL APPLICA	ATIONS
	Completed Application Form in triplicate
	Original notarized owner's affidavit on each copy
	Original notarized contractor signature on each copy (not req. for a legalization to "maintain" plumbing, unless gas appliances and/or gas piping is involved, in which case a licensed plumber is required.
	2 copies of the property survey showing all existing conditions
	Contractor's name, address, phone number and license # or Nassau County Home Improvement License #.
	All applicable insurance forms must be attached- see back page and/or ask us if you have any insurance questions before attempting to file this permit. We need W/C, Disability, Liability and a copy of your License.
PLUMBING A	APPLICATIONS (must be notarized by a licensed plumber)
	2 copies of a plumbing riser diagram with size of pipes attached - matches any architectural drawings and
<del></del>	fixture count on back of form
<del></del>	Fixtures checked on back of forms
	Provide estimated cost where indicated.
SPRINKLER	APPLICATIONS (must be notarized by a sprinkler contractor)
	A set of plans & same set of plans signed off by the Fire Marshal and presented towards the end of job
	Plan/diagrams for the specific scope of work
<del></del>	Provide estimated cost where indicated.
DRAINAGE A	APPLICATIONS (must be notarized by excavation contractor)
	Site plan (survey required w/ setbacks to legalize) showing location of drywells and distances from property lines and structures and approximate locations of pipes leading to drywells
	Sections of drywells showing size (drawings and calculations must be signed & sealed by an engineer or
	architect or landscape architect
	Calculations showing that drywells meet Town of North Hempstead storm water retention req.
	Provide estimated cost where indicated
SEPTIC/CES	SPOOL APPLICATIONS (must be notarized by excavation contractor)
	Site plan showing location of septic, cesspool, leaching pools and distances from property lines and structures
	Sections of septic and leeching pools showing size (Please provide total number of bedrooms in home)
	Provide estimated cost where indicated
SEWER APP	LICATIONS (must be notarized by excavation contractor)
	Permit from sewer authority
	Highway/road opening permit from appropriate jurisdiction
	Provide estimated cost where indicated.
HVAC APPLI	CATIONS (must be notarized by HVAC contractor that holds a HVAC LICENSE from Nassau County)
	Site plan (survey required w/ setbacks to legalize) showing location of any outside units, including rooftop units, and distances from property lines
	Size of unit(s) in tons and db rating
	Provide estimated cost for HVAC ductwork.
GENERATOR	R APPLICATIONS (must be notarized by generator contractor)
	Site plan (survey required w/ setbacks to legalize) showing location and size of any outside units and distances from property lines
BURNER API	PLICATION (must be notarized by a licensed plumber)
	Make and model number of the burner
<b>GAS PIPING</b>	
	Gas piping riser diagram with size of pipes <u>and</u> linear feet of piping Indicate the BTU's of the Boiler, H/W Heater, Furnace, Generator, Pool Heater or other major gas appliances.
FUEL TANKS	6 (must be notarized by contractor)
	Site plan (survey required w/ setbacks to legalize) showing location of outside tanks to be removed or installed
	Fuel Oil Tank Removal, Abandonment or Installation form
	Nassau County Department of Health form as needed

NOTE: A SEPARATE APPLICATION MUST BE COMPLETED FOR EACH DIFFERENT CONTRACTOR PERFORMING WORK AT THE SITE



# Town of North Hempstead Department of Building and Safety Inspection and Enforcement

210 Plandome Road, Manhasset, NY 11030-2327 Tel. (516) 869-7660 Fax. (516) 869-7662

Application Number:

Permit Number:

Bldg Permit Number:

Zone: \_\_\_\_\_

#### APPLICATION FOR PERMIT:

#### PLUMBING, HEATING, DRAINAGE, SEWAGE DISPOSAL, AND HVAC

	Issued Pursua	nt to §2-9 of th	e Code of the Town of Nor	th Hempstead		
Residence [ ]	Commercial [	] Ne	w Building [ ]	Addition [	]	Repair [ ]
Plumbing [ ]	HVAC [	]	Sprinkler [ ]	Drainage [	] G:	as Piping [ ]
Section:	Block:	Lot (s):		Da	te:	
Address of Permit A						
Address:					_ Zip Code	•
Cross Street:			to the total and	•		
Owner's Information	<u>ı:</u>					
Last Name:						
Corporation Name:					,	
Address:					_ Zip Code	•
Tel #:	Cell #:		E-mail:			
Contractor's Info:	( ) Plumber ( ) HV	AC Contra	actor ( )Sprinkle	er Contractor (	( ) Drainage	• Contractor
Last Name:		First	Name:			
Corporation Name:						
Address:						
Tel #:						
I (we) hereby certify that						
<ol> <li>I (we) agree to penter upon the penter upon the permit shall expenses be started until penter to Section 2-28</li> <li>Plumbing Inspense shall continue under the penter to Section 2-28</li> <li>Contractor shall I certify that all in York State Build according to AS</li> </ol>	permit the Plumbing Inpremises in the discharge in three (3) months from three (3) months from the feet and posting of and the fee schedule of the feet and the f	rge of their om the date and pose the permit e of the Co inimum of s been comnge for all ecordance and lead f	duties with this apple of issuance unlessed by the owner/apsted by the owner/apsted by the Town of N 72 hours notice to mapleted and approve required inspections with the Code of the ree solder composite	lication.  s construction is policant/plumber. sessment of quadroth Hempstead. nake the required od.  Town of North Hempstead to or lestion equal to or lesting.	in progress Commencen ruple fee pen inspection an empstead an is than 0.2%	s. No work is to nent of any alties pursuant nd no work nd the New lead,
I submit this affidavit with truth of the statements a	nd information contair	ed herein.				
in the State of, th Section Block _ North Hempstead; that I premises will be done in familiar and that he/she his/her behalf.	Lot (s) /we have read and und accordance with the a	situated derstand ite approved a	, lying and being with ems 1 through 5 as h oplication and accor	nin the unincorpor nerein stated, that npanying plans, o	the work to be f which he/sh	the fown of be done on the se is totally
Signature of Owner						
Sworn to me this E						

Signature of Notary Public \_\_\_\_\_ Signature of Notary Public \_\_\_\_\_

ndicate quantity of i	Locat				Date of Insp.		Location	Yd	1	2	3	Rf	Cost	Date
		T	Τ.	Т :	<u> </u>	-			<u> </u>					Insp.
Location	В	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>		4	# Ft Gas Piping – lf/cost			ļ				
Water Closet				ļ		_	HVAC Unit						Angels, S.	4
Lavatories		ļ,	ļ	ļ		4	HVAC ductwork -cost		ļ				22453,8400	
Bathtub		<u> </u>	ļ	·		4	Furnace Gas/Oil			-				
Shower	ļ					_	Boiler Gas/Oil	ļ						
Bidet							H/W Heater Gas/Oil		<u> </u>	ļ				
Urinal				,-			Indirect Storage Tanks	ļ						
Kitchen Sink						_	Stove	ļ	ļ	ļ				<b>.</b>
Sink Other							Oven			ļ		ļ		<b>.</b>
Grease Trap							Range (Counter Range)							
Indirect Wastes							Dryer		<u> </u>					
Dishwasher							Generator		<u> </u>			ļ		
Laundry Tub							Gas Fire Place					<u> </u>		
Washing Machine							Pool Heater							
Sprinkler Heads							Barbeque							
Roof Drains							Steamer							
Floor Drains							Roof Top Heater							
Drinking Fountain Water Cooler							Unit Heater							
Estimated Cost	<u>:</u>		-	<del>                                     </del>			Infrared Heater							
INFRASTRUCTURE	Indic	ate quar	ntity & c	ost										
Sewer														
Septic/Cesspool										-				
Leeching Pools														
Drywells														
Main Water Service														1
Fuel Tank # and Size						$\dashv$				<del>                                     </del>				
Schematic pi Sprinkler dra Site plan and Site plan and be located in Sewer applic Applications appliance. Town Fuel C	ser dia ping p wings surve surve the re ation s for ga	gram lan ill are re y requ y illus quirec hall in s appl	required ustration dured for trating dimining clude iances	ng leng for sport dryw for location for location for mum sid for must be Abando	rinkler permits a rells, cesspools, a on of exterior plade or rear yard of from county or be accompanied conment or Instal acvals and or rep	equind mand gaced r in a local by galaction lace	red for gas piping perm nust include fire marsha grease trap permits. equipment required for	il's ap r HV ighwa inless Depa	AC po ty per direc	ermit. mit/r	oad ( lacei	openi ment	ng permit of existing	g
				<del></del>										
					Ingreator			-						



Zone:

# Town of North Hempstead Department of Building and Safety Inspection and Enforcement

210 Plandome Road, Manhasset, NY 11030-2327 Tel. (516) 869-7660 Fax. (516) 869-7662

Application Number:	
Permit Number:	
Bldg Permit Number:	•

### APPLICATION FOR PERMIT:

F	PLUMBING, HEATING Issued Pursu			GE DISPOSAL, of North Hempstead	AND HVA	C
Residence [ ]	Commercial [	] Ne	w Building [	Addit	ion [ ]	Repair [ ]
	HVAC [	<del>-</del>		] Drain	age [ ]	Gas Piping [ ]
Section:	Block:	Lot (s):		j	Date:	
Address of Permit Address:					Zip	Code:
Owner's Informati		Final i				
	):					•
1,					Zin	Code:
	Cell #:					
Contractor's Info:	( ) Plumber ( ) H\	AC Contra	actor ( )Sp	rinkler Contract	tor ()Dr	ainage Contractor
	<b>:</b>					
Tel #:	Cell #:		E-n	nail:		
enter upon the 2) Permit shall e be started uni work prior to t to Section 2-2 3) Plumbing Insi shall continue 4) Contractor sh 5) I certify that a	o permit the Plumbing In e premises in the discha xpire three (3) months frill permit has been received the receipt and posting on the receipt and posting on the sector shall be given a management of the permit such inspection has all be responsible to arrall installations will be in a cilding Construction Code	rge of their om the date red and pos f the permit e of the Co- inimum of s been com- inge for all ccordance	duties with thise of issuance used by the own will result in the de of the Towr 2 hours notice pleted and apprequired inspession with the Code	s application.  unless construct ner/applicant/plun ne assessment of n of North Hemps e to make the req proved. ctions. of the Town of No	tion is in pronber. Common quadruple for tead. uired inspectorth Hempst	ogress. No work is to nencement of any ee penalties pursuant tion and no work ead and the New
I submit this affidavit v	vith full knowledge that the sand information contain	ne Building ned herein.	Department a	nd the Town of N	orth Hempst	ead rely upon the
Section Block North Hempstead; the premises will be done	that he/she is the owner that he/she is the owner to to to the control of the con	in fee of a situated, derstand ite approved ap	Il certain lots, p lying and beir ms 1 through oplication and	parcels of land shing within the uning 5 as herein stated accompanying pla	own on the a corporated a d, that the wo ans, of which	attached survey rea of the Town of ork to be done on the he/she is totally
Signature of Owner _			Signature of	Licensed Plumbe	r/Contractor	
Sworn to me this	Day of	, 200	Sworn to me	this Day of		, 200
Signature of Notary P	ublic		Signature of	Notary Public		

ndicate quantity of i	Locat	ion			Date of Insp.		Location	Yd	1	2	3.	Rf	Cost	Date Insp.
-		1 st	2 <sup>nd</sup>	3 <sup>rd</sup>			# Ft Gas Piping – lf/cost							Тібр
Location	В	1 1 -	2	3			HVAC Unit				-			
Water Closet		<del> </del>	<u> </u>										<b>超越過過過少多</b> 級	
Lavatories		ļ		<del> </del>			HVAC ductwork –cost	<u> </u>	<u> </u>	-				2
Bathtub	<u>.</u>	ļ		-	<u> </u>		Furnace Gas/Oil			<u> </u>				
Shower		<u> </u>		ļ			Boiler Gas/Oil			<u> </u>				
Bidet	ļ	<del> </del>	ļ	<del> </del>			H/W Heater Gas/Oil		ļ					
Urinal	ļ			ļ			Indirect Storage Tanks			<u> </u>		<del> </del>		
Kitchen Sink		ļ	ļ	<del> </del>			Stove		ļ. <u></u>	<u> </u>		ļ		_
Sink Other		ļ		ļ			Oven				ļ	<u> </u>		
Grease Trap			ļ				Range (Counter Range)				ļ	ļ	-80 %	
Indirect Wastes							Dryer							
Dishwasher			ļ				Generator		1	ļ	<u> </u>	ļ		
Laundry Tub							Gas Fire Place			<u> </u>		ļ.,,.	di kandikinthoho sentu	<u> </u>
Washing Machine					·		Pool Heater		ļ	<u> </u>		<u> </u>		
Sprinkler Heads							Barbeque							
Roof Drains							Steamer							
Floor Drains							Roof Top Heater							
Drinking Fountain Water Cooler						1.	Unit Heater							
Estimated Cost	-			1			Infrared Heater						ر ماز چاپ در سمال مستندی	
INFRASTRUCTURE	Indica	te quar	ntity & c	ost										
Sewer														1
Septic/Cesspool														
Leeching Pools														
Drywells														
Main Water Service										<u>                                     </u>				·
Fuel Tank # and Size														
Schematic pi Sprinkler dra Site plan and Site plan and be located in Sewer applic Applications appliance. Town Fuel O	ser diagoning properties wings survey the recations for gardin Tani	gram i lan illi are re y requ y illus quired hall ir s appl	require ustrating quired ired for trating minimal clude iances	ng leng for sport for dryw flocation flocation formit form	rinkler permits an rells, cesspools, ar on of exterior placed or rear yard or from county or lose accompanied by comment or Installationals and or replaced.	quind mad good and go	red for gas piping perm nust include fire marsha grease trap permits. equipment required for	il's ap HV ighwa inless Depa	AC pe	ermit. mit/r et rep	oad ( lacer	openi nent (	ng permit. of existing	
	. <u></u>	·		····		<del></del>								
1CC					Inspector		·							

No. Gas Appliances:



# Town of North Hempstead Department of Building and Safety Inspection and Enforcement

210 Plandome Road, Manhasset, NY 11030-2327 Tel. (516) 869-7660 Fax. (516) 869-7662

Application Number:	
Permit Number:	
Bldo Permit Number:	·

Zone: \_\_\_\_\_

# APPLICATION FOR PERMIT: PLUMBING, HEATING, DRAINAGE, SEWAGE DISPOSAL, AND HVAC

Issued Pur	suant to §2-9 of the	e Code of the Town of Nor	th Hempstead	
Residence [ ] Commercial [	J Nev	w Building [ ]	Addition [ ]	Repair [ ]
Plumbing [ ] HVAC [	1	Sprinkler [ ]	Drainage [ ]	Gas Piping [ ]
Section: Block:	Lot (s):		Date: _	
Address of Permit Activity:				
Address:			Zip	Code:
Cross Street:				·
Owner's Information:				
Last Name:	First I	Name:		_
Corporation Name:				
Address:				Code:
Tel #: Cell #: _		E-mail:		
	•			
Contractor's Info: ( ) Plumber ( )				
Last Name:				
Corporation Name:				
Address:				
Tel #: Cell #: _		E-maii:	,	
Description of Work:				
I (we) hereby certify that:  I (we) agree to permit the Plumbing enter upon the premises in the disc Permit shall expire three (3) months be started until permit has been received work prior to the receipt and posting to Section 2-28 C and the fee scheed Plumbing Inspector shall be given a shall continue until such inspection Contractor shall be responsible to a 1 certify that all installations will be in York State Building Construction Coaccording to ASTM B32.	harge of their is from the data elived and positions of the permit dule of the Coal minimum of thes been comparange for all accordance	duties with this appe of issuance unlessed by the owner/at will result in the as de of the Town of N72 hours notice to repleted and approve required inspection with the Code of the	dication.  s construction is in properties. Complete Sessment of quadruple shorth Hempstead.  make the required inspended.  s.  e Town of North Hemps	rogress. No work is to mencement of any fee penalties pursuant ction and no work tead and the New
I submit this affidavit with full knowledge that truth of the statements and information con	at the Building tained herein.	Department and th	e Town of North Hemps	tead rely upon the
in the State of, that he/she is the ow Section Block Lot (s) North Hempstead; that I/we have read and premises will be done in accordance with the familiar and that he/she hereby names the chis/her behalf.	ner in fee of a situated understand ite e approved a	all certain lots, parce , lying and being wi ems 1 through 5 as pplication and acco	thin the unincorporated a herein stated, that the w mpanying plans, of whic	attached survey area of the Town of ork to be done on the he/she is totally
Signature of Owner		Signature of Licer	nsed Plumber/Contractor	ſ <u></u>
Sworn to me this Day of	, 200	Sworn to me this	Day of	, 200
Signature of Notary Public		Signature of Nota	ry Public	

FIXTURES	Locat	ion			Date of Insp.		Location	Yd	1	2	3	Rf	Cost	Date of Insp.
Location	В	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>			# Ft Gas Piping – If/cost					-1		
Water Closet							HVAC Unit							
Lavatories							HVAC ductwork -cost							
Bathtub							Furnace Gas/Oil	-,						
Shower		-					Boiler Gas/Oil							
Bidet		•					H/W Heater Gas/Oil							
Urinal						1	Indirect Storage Tanks							
Kitchen Sink							Stove							
Sink Other						1	Oven							
Grease Trap						1	Range (Counter Range)							
Indirect Wastes						1	Dryer							
Dishwasher							Generator							
Laundry Tub							Gas Fire Place							
Washing Machine							Pool Heater							
Sprinkler Heads							Barbeque							
Roof Drains							Steamer							
Floor Drains			,				Roof Top Heater							
Drinking Fountain Water Cooler							Unit Heater							
Estimated Cost		<u> </u>				1	Infrared Heater						tine project Section 1	
INFRASTRUCTURE	Indica	te quan	tity & co	ost	!									,
Sewer														
Septic/Cesspool														
Leeching Pools														
Drywells														
Main Water Service				•								:		
Fuel Tank # and Size			*************											
<ul> <li>Schematic pip</li> <li>Sprinkler dra</li> <li>Site plan and</li> <li>Site plan and</li> <li>be located in</li> <li>Sewer applications</li> <li>applications</li> <li>Town Fuel O</li> </ul>	er diag ping pl wings a survey survey the req ation sl for gas	ram ran illuare required uired appli	equire equired red for rating minim clude pances oval, A	g lengt for spr drywe locatio um sid permit must be Abando	inkler permits an ells, cesspools, ar n of exterior place or rear yard or from county or less accompanied by nment or Installativals and or replace.	quii d m d g ed in a cal tion tion	red for gas piping perm nust include fire marsha grease trap permits. equipment required for	l's ap HVA ghwa nless Depa	C pe y peri direc	rmit. nit/ro t repl	oad o acen	penir nent c	ng permit. of existing	
	<del></del>													
										,		<del></del> .		
Comments:														

No. Gas Appliances:

No. Fixtures:\_

#### TOWN OF NORTH HEMPSTEAD

#### INSURANCE AND LICENSE REQUIRMENTS FOR A PERMIT

The Town of North Hempstead, Nassau County, and the State of New York, require that no building permit may be issued until all current insurances and license information is presented for each permit.

FOR ALL CONTRACTORS: FOR EACH PERMIT (before permit issuance), we require a copy of your current Nassau County Home Improvement License (this Nassau license is not necessary for commercial jobs or new home construction). Plumbers or Electricians need a copy of your current license), a copy of your liability insurance, NYS Disability Insurance, and NYS Worker's Compensation Insurance. All three insurances must list the "Town of North Hempstead, 210 Plandome Road, Manhasset, NY. 11030", as the "Certificate Holder" or "Additional Insured" on each insurance policy.

For a **HOMEOWNER** serving as his own general contractor, a **BP-1 form** may be sufficient as described below.

For a demolition permit, a Nassau County Home Improvement License is required unless the entire foundation is removed and a NEW C/O will be issued.

• STAND-ALONE PERMITS (such as plumbing, signs, fences, trees, etc; (not connected to building projects), where there is a short review process must have all insurances attached at time of application submittal, or they will not be accepted). Although the Town keeps computer records, records do not always reflect current coverage, so we require copies of all insurances at time of permit application to prevent any unnecessary delays. For submittals that will take longer to review (such as an addition or new home), insurances may be submitted just before a permit is issued.

**Liability** insurance is usually submitted on a standard "Acord" form. Some other forms may be acceptable. (Please note: by New York State Law, we can not accept NYS Disability and NYS Worker's Compensation coverage on the Acord form). What we can accept is stated below:

#### **NEW YORK STATE INSURANCE REQUIREMENTS**

The Workers' Compensation Law requires that before a New York State or municipal agency, department, board, commission or office issues any permit or license, they must be provided with the completed forms as shown below prior to permit issuance. This applies to all businesses with employees.

- 1) Form BP-1 (12/08) Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1, 2, 3 or 4 Family, <u>Owner occupied Residence</u> (This is the **ONLY** form available from the Town of North Hempstead). This form is used by a homeowner who will be doing most of the permit work himself, with no or minimal assistance of up to a total of 40 man-hours per week. This form must be signed and notarized.
- **2)** Form CE-200 from Group A attesting to no need for either or both Workers Compensation and Disability Benefits Coverage (Note: If the CE-200 form does not exclude BOTH Workers Compensation and Disability Benefits Coverage you must supply a form from Group B and/or C that proves you have the coverage not exempted by the CE-200). This CE-200 form must be submitted with a specific site address for each permit, and the expected duration of the job. The form must have an original signature and date. No copies of this form will be accepted. If the CE-200 is not used or only partially used, then see #3 below
- 3) A form from either or both **Group B and Group C** (which has not been exempted by the CE-200 form).

The ONLY ACEPTABLE forms are as follows:

Group	Form No.	Description
A	CE-200	Certificate of Attestation For New York Entities With No Employees and Certain Out of State Entities That New York State Worker's Compensation and/or Disability Benefits Insurance Coverage is Not Required.
В	C-105.2 (9-07)	Certificate of Worker's Compensation Insurance
В	SI-12 (10/03)	Certificate of Worker's Compensation Self Insurance
В	GSI-105.2 (2/02)	Certificate of Participation in Worker's Compensation Group Self Insurance
В	U-26.3	New York State Insurance Fund Certificate of Work's Compensation Insurance (For demolition work, this form <u>must</u> state that demolition coverage is included)
С	DB-120.1 (5/06)	Certificate of Disability Benefits Insurance
С	DB-155 (1/98)	Certificate of Disability Benefits Self-Insurance

Effective September 9, 2007, all out-of-state employers with employees working in New York State are required to carry a full, statutory New York State workers' compensation insurance policy. An employer has a full, statutory New York State workers' compensation insurance policy when New York is listed in Item "3A" on the Information Page of the employer's workers' compensation insurance policy. It may be appropriate to contact your insurance broker, carrier or agent, check with your trade association, or conduct additional research to find the most appropriate insurance coverage for your company. In addition, a New York State workers' compensation policy may be obtained from the New York State Insurance Fund by calling 1-888-875-5790 and a disability benefits insurance policy may be obtained from the New York State Insurance Fund by calling 1-866-697-4332.